

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **09/424811**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.	9		7			
TOTAL CLAIMS	10		8			

	IND	DEP	IND	DEP	IND	DEP
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